

RAYNAUD'S TREATMENT STUDY

RTS Form 15
Rev. 0 01/13/94
Page 1 of 17

QUALITY OF LIFE FOLLOW-UP

ID No.				
Form Type	Q	F		

INSTRUCTIONS

This survey asks about you, aspects of your health, and daily activities and experiences. As you are completing the questions, remember that there are no right or wrong answers. Try to answer the questions as honestly as you can. If you are unsure about how to answer a question, please give the best answer you can. Please use checks (✓) inside parentheses to answer the questions unless, you are asked to write in an answer.

1. Your initials:
2. Date you are completing this form: F15-DAYS
Month Day Year

The next several questions ask about your family, friends, and support that is available to you.

3. What is your current marital status? (Check only one answer.) MARSTAT

- Never married (1)
Presently married; Living in a marriage-like relationship (2)
Divorced, separated, or widowed (3)

4. About how many close friends and close relatives do you have? That is, people you feel at ease with and can talk to about what is on your mind. (Check only one answer.) CLOSE

- | | | |
|-------------|-------------|--------------------|
| (01) None | (05) Four | (09) Eight |
| (02) One | (06) Five | (10) Nine |
| (03) Two | (07) Six | (11) Ten |
| (04) Three | (08) Seven | (12) More than 10 |

5. How often is each of the following types of support available to you? (Check one answer on each line.)

SUPPAVLA
SUPPAVLB
SUPPAVLC
SUPPAVLD
SUPPAVLE
SUPPAVLF
SUPPAVLG
SUPPAVLH

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
A. Someone you can count on to listen to you when you need to talk	(1)	(2)	(3)	(4)	(5)
B. Someone who shows you love and affection	(1)	(2)	(3)	(4)	(5)
C. Someone to give you information to help you understand a situation	(1)	(2)	(3)	(4)	(5)
D. Someone to give you good advice about a crisis.....	(1)	(2)	(3)	(4)	(5)
E. Someone whose advice you really want ...	(1)	(2)	(3)	(4)	(5)
F. Someone to help with daily chores	(1)	(2)	(3)	(4)	(5)
G. Someone to share your most private worries and fears with	(1)	(2)	(3)	(4)	(5)
H. Someone to do something enjoyable with ..	(1)	(2)	(3)	(4)	(5)

ID No.				
Form Type	Q	F		

6. When you need others for companionship, assistance, or other types of support, do you find that it is:

- SUPPNEED*
- | | | | |
|--------------------------------------|--|---|---|
| (1) | (2) | (3) | (4) |
| Very easy for you to ask for support | Somewhat easy for you to ask for support | Somewhat difficult for you to ask for support | Very difficult for you to ask for support |

7. Does anybody criticize the way you handle things?

- CRIT*
- | | | |
|---------|--------|--|
| (1) Yes | (2) No | A. If yes, how many people? <u>CRIT-NO</u> |
|---------|--------|--|

8. Has anybody withdrawn from you?

- WDRWN*
- | | | |
|---------|--------|---|
| (1) Yes | (2) No | A. If yes, how many people? <u>WDRWN-NO</u> |
|---------|--------|---|

9. Sometimes when you have a medical condition, there are people you expect to be helpful who aren't, or who don't do as much as you thought they would. Have you had that experience?

- HELP*
- | | | |
|---------|--------|--|
| (1) Yes | (2) No | A. If yes, how many people? <u>HELP-NO</u> |
|---------|--------|--|

10. We all know people who try to help but wind up making things worse. Has this happened to you?

- WORSE*
- | | | |
|---------|--------|---|
| (1) Yes | (2) No | A. If yes, how many people? <u>WORSE-NO</u> |
|---------|--------|---|

11. Is there anyone who seems to be out to make problems for you?

- PROB*
- | | | |
|---------|--------|--|
| (1) Yes | (2) No | A. If yes, how many people? <u>PROB-NO</u> |
|---------|--------|--|

12. Do you belong to any organized religion or religious group? (1) Yes (2) No *ORGREL*

13. How often do you attend church, synagogue or other type of religious service?

- RELIG*
- | | | | | |
|--------------|----------------------------|--------------------|-------------------|-----------------------|
| (1) | (2) | (3) | (4) | (5) |
| Almost never | About once or twice a year | About once a month | About once a week | More than once a week |

The next series of questions concern your view of your health. Read each question and check the appropriate answer.

14. How would you rate your mental or emotional health at the present time?

- RATEEM*
- | | | | | |
|-----------|-----------|------|------|------|
| (1) | (2) | (3) | (4) | (5) |
| Excellent | Very good | Good | Fair | Poor |

15. How satisfied are you with your mental or emotional health at the present time?

- SATISEM*
- | | | | | |
|----------------|--------------------|---------|-----------------------|-------------------|
| (1) | (2) | (3) | (4) | (5) |
| Very satisfied | Somewhat satisfied | Neither | Somewhat dissatisfied | Very dissatisfied |

ID No.		-		
Form Type	Q	F		

16. Compared to before you started the study, how would you rate your mental or emotional health now?

CMPMENT

- (1)
Much better now
- (2)
Somewhat better now
- (3)
About the same
- (4)
Somewhat worse now
- (5)
Much worse now

17. How would you rate your physical health at the present time?

RATEPHY

- (1)
Excellent
- (2)
Very good
- (3)
Good
- (4)
Fair
- (5)
Poor

18. How satisfied are you with your physical health at the present time?

SATISPHY

- (1)
Very satisfied
- (2)
Somewhat satisfied
- (3)
Neither
- (4)
Somewhat dissatisfied
- (5)
Very dissatisfied

19. Compared to before you started the study, how would you rate your physical health now?

CMPPHY

- (1)
Much better now
- (2)
Somewhat better now
- (3)
About the same
- (4)
Somewhat worse now
- (5)
Much worse now

20. In general, would you say your overall health is?

OVALTH

- (1)
Excellent
- (2)
Very good
- (3)
Good
- (4)
Fair
- (5)
Poor

21. How satisfied are you with your overall health at the present time?

SATALTH

- (1)
Very satisfied
- (2)
Somewhat satisfied
- (3)
Neither
- (4)
Somewhat dissatisfied
- (5)
Very dissatisfied

22. Compared to before you started the study, how would you rate your overall health now?

CMPALTH

- (1)
Much better now
- (2)
Somewhat better now
- (3)
About the same
- (4)
Somewhat worse now
- (5)
Much worse now

23. The following questions are about general activities you might do during a typical day. Does your Raynaud's limit you in these activities? If so, how much? If the activity is something you don't normally do, check the *Don't normally do this* answer.

In the past 4 weeks, have you been limited in any of the following activities by Raynaud's symptoms?

	Yes, limited a lot	Yes, limited a little	No, not at all	Don't normally do this
A. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports? <u>Vigorous</u>	(1)	(2)	(3)	(4)
B. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? <u>Moderate</u>	(1)	(2)	(3)	(4)
C. Lifting or carrying groceries? <u>Glacery</u>	(1)	(2)	(3)	(4)

ID No.		-			
Form Type	Q		F		

	Yes, limited a lot	Yes, limited a little	No, not at all	Don't normally do this
D. Climbing <u>several</u> flights of stairs? CLIMBSEV	(1)	(2)	(3)	(4)
E. Climbing <u>one</u> flight of stairs? CLIMBONE	(1)	(2)	(3)	(4)
F. Bending, kneeling, or stooping? LIMBEND	(1)	(2)	(3)	(4)
G. Walking <u>more than one mile</u> ? WALK3MI	(1)	(2)	(3)	(4)
H. Walking <u>several blocks</u> ? WALKSEV	(1)	(2)	(3)	(4)
I. Walking <u>one block</u> ? WALK1BLK	(1)	(2)	(3)	(4)
J. Bathing and dressing yourself? LIMBATH	(1)	(2)	(3)	(4)

24. The following questions are about more specific activities you might do during a typical day. In the past 4 weeks has your Raynaud's condition limited you in any of these activities? If so, how much? If the activity is something you don't normally do, check the *Don't normally do this* answer.

	Yes, limited a lot	Yes, limited a little	No, not at all	Don't normally do this
A. Going outdoors in cold weather? OUTDOORS	(1)	(2)	(3)	(4)
B. Driving				
1. Holding or gripping the wheel? GRIP	(1)	(2)	(3)	(4)
2. Shifting SHIFT	(1)	(2)	(3)	(4)
C. Shopping for refrigerated or frozen food? SHOP	(1)	(2)	(3)	(4)
D. Cooking				
1. Using utensils (chopping, slicing, stirring)? UTENSIL	(1)	(2)	(3)	(4)
2. Using kitchen appliances (can opener, blender, mixer)? APP	(1)	(2)	(3)	(4)
3. Washing vegetables in cold water? WASH VEG	(1)	(2)	(3)	(4)
4. Removing or handling food from refrigerator or freezer? FREEZER	(1)	(2)	(3)	(4)
E. Laundry				
1. Placing clothes in or removing clothes from washer or dryer? WASHCLTH	(1)	(2)	(3)	(4)
2. Folding or hanging clothes? HANGCLTH	(1)	(2)	(3)	(4)
F. Eating				
1. Holding cold or frozen foods? HLDFOOD	(1)	(2)	(3)	(4)
2. Swallowing cold or frozen foods? SWFOOD	(1)	(2)	(3)	(4)
G. Drinking				
1. Holding a cold glass? HLDGLASS	(1)	(2)	(3)	(4)
2. Swallowing cold liquids? SWLIQ	(1)	(2)	(3)	(4)

ID No.				
Form Type	Q	F		

	Yes, limited a lot	Yes, limited a little	No, not at all	Don't normally do this
H. Exercise and Recreation.....				
1. Swimming in cool water? SWIM	(1)	(2)	(3)	(4)
2. Outdoor activity in cold weather? OUT ACT	(1)	(2)	(3)	(4)
3. Handling sports or recreational equipment (golf clubs, tennis racquets, gardening tools)? EQUIP	(1)	(2)	(3)	(4)
I. Bathing (wringing washcloth, holding toothbrush, shaving)?..... BATH	(1)	(2)	(3)	(4)
J. Dressing				
1. Fastening zippers or buttons? ZIPPER	(1)	(2)	(3)	(4)
2. Tying shoelaces? SHOELACE	(1)	(2)	(3)	(4)
3. Putting on gloves? GLOVES	(1)	(2)	(3)	(4)
K. Using a typewriter or computer? USE COMP	(1)	(2)	(3)	(4)
L. Using a pen or pencil? USE PEN	(1)	(2)	(3)	(4)
M. Using tools (screwdriver, pliers, saw)?..... USE TOOLS	(1)	(2)	(3)	(4)
N. Using machinery (lawnmower, drill, vacuum cleaner)? USE MACH	(1)	(2)	(3)	(4)
O. Social activities? SOC ACT	(1)	(2)	(3)	(4)
P. Sexual activity? SEX ACT	(1)	(2)	(3)	(4)
Q. Going into air-conditioned rooms? AIR COND	(1)	(2)	(3)	(4)
R. Dealing with emotionally stressful circumstances? DEAL STR	(1)	(2)	(3)	(4)

25. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your Raynaud's? (Please answer Yes or No for each question by checking the appropriate answer.)

	<u>Yes</u>	<u>No</u>
A. Cut down on the <u>amount of time</u> you spent on work or other activities	(1)	(2) RAYPROB A
B. <u>Accomplished less</u> than you would like	(1)	(2) RAYPROB B
C. Were limited in the <u>kind</u> of work or other activities	(1)	(2) RAYPROB C
D. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort)	(1)	(2) RAYPROB D

ID No.		-		
Form Type	Q	F		

26. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Please answer Yes or No for each question by checking the appropriate answer.)

- | | Yes | No |
|--|-------|----------------------|
| A. Cut down on the <u>amount of time</u> you spent on work or other activities | (1) | (2) <i>EMPROBA</i> |
| B. <u>Accomplished less</u> than you would like | (1) | (2) <i>EMPROBB</i> |
| C. Didn't do work or other activities as carefully as usual | (1) | (2) <i>EMPROBC</i> |

27. During the past 4 weeks, to what extent has your physical health interfered with your normal social activities with family, friends, neighbors, or groups? (Check one answer.)

- | | | | | |
|---------------------|-------------------|---------------------|----------------------|--------------------|
| (1)
Not at all | (2)
Slightly | (3)
Moderately | (4)
Quite a bit | (5)
Extremely |
|---------------------|-------------------|---------------------|----------------------|--------------------|
- INTERFERE*

28. During the past 4 weeks, to what extent have emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Check one answer.)

- | | | | | |
|---------------------|-------------------|---------------------|----------------------|--------------------|
| (1)
Not at all | (2)
Slightly | (3)
Moderately | (4)
Quite a bit | (5)
Extremely |
|---------------------|-------------------|---------------------|----------------------|--------------------|
- INTERFERE*

29. During the past 4 weeks, how much of the time has your physical health interfered with your social activities (like visiting with friends, relatives, etc.)? (Check one answer.)

- | | | | | |
|--------------------------|---------------------------|---------------------------|-------------------------------|---------------------------|
| (1)
All of the time | (2)
Most of the time | (3)
Some of the time | (4)
A little of the time | (5)
None of the time |
|--------------------------|---------------------------|---------------------------|-------------------------------|---------------------------|
- INTERFERE*

30. During the past 4 weeks, how much of the time have emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (Check one answer.)

- | | | | | |
|--------------------------|---------------------------|---------------------------|-------------------------------|---------------------------|
| (1)
All of the time | (2)
Most of the time | (3)
Some of the time | (4)
A little of the time | (5)
None of the time |
|--------------------------|---------------------------|---------------------------|-------------------------------|---------------------------|
- INTERFERE*

31. In the past 4 weeks, how often did you experience pain as a result of your Raynaud's? (Check one answer.)

- | | | | |
|----------------|-----------------|--------------------|----------------|
| (1)
Never | (2)
Rarely | (3)
Sometimes | (4)
Often |
|----------------|-----------------|--------------------|----------------|
- RAYN PAIN*

32. In the past 4 weeks, how often did you experience pain for any reason (except Raynaud's)? (Check one answer.)

- | | | | |
|----------------|-----------------|--------------------|----------------|
| (1)
Never | (2)
Rarely | (3)
Sometimes | (4)
Often |
|----------------|-----------------|--------------------|----------------|
- OTHR PAIN*

ID No.		-		
Form Type	Q	F		

33. In the past 4 weeks, how intense was the pain that you experienced as a result of your Raynaud's?
 (Check one answer.)

INTRAYPN

(1) (2) (3) (4)
 Didn't have pain Mild pain Moderate pain Severe pain

34. In the past 4 weeks, how intense was the pain from any source (except Raynaud's) that you experienced?
 (Check one answer.)

INTOTH PN

(1) (2) (3) (4)
 Didn't have pain Mild pain Moderate pain Severe pain

35. During the past 4 weeks, how much did pain as a result of your Raynaud's interfere with your normal work (including work both outside the home and housework)? (Check one answer.)

INTRAYWK

(1) (2) (3) (4) (5)
 Not at all A little bit Moderately Quite a bit Extremely

36. During the past 4 weeks, how much did pain from any source (except Raynaud's) interfere with your normal work (including work both outside the home and housework)? (Check one answer.)

INTOTHWK

(1) (2) (3) (4) (5)
 Not at all A little bit Moderately Quite a bit Extremely

37. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling.
 How much of the time during the last 4 weeks (Check one answer on each line.)

	All of the Time	Most of the Time	A Good bit of Time	Some of the Time	A Little of the Time	None of the Time
A. Did you feel full of pep?..... <i>PEP4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
B. Have you been a very nervous person?..... <i>NERV4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
C. Have you felt so down in the dumps that nothing could cheer you up?..... <i>DOWN4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
D. Did you feel tense? <i>TENSE4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
E. Did you feel angry? <i>ANGRY4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
F. Have you felt calm and peaceful? <i>CALM4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
G. Did you have a lot of energy? <i>ENERGY4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
H. Did you feel resentful? <i>RES4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
I. Have you felt down-hearted and blue?..... <i>BLUE4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
J. Did you feel worn out? <i>WORN4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
K. Did you feel irritable? <i>IRR4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
L. Did you feel worried? <i>WORRI4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
M. Have you been a happy person? <i>HAPPY4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
N. Did you feel tired? <i>TIRE4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)
O. Did you feel bitter? <i>BITT4WK</i>	(1)	(2)	(3)	(4)	(5)	(6)

ID No.		-		
Form Type	Q	F		

38. In the past 4 weeks, have you used any of the following special clothing to avoid a Raynaud's attack?

	<u>Yes</u>	<u>No</u>
A. Electric gloves? <u>ELGLOVE</u>	(1)	(2)
B. Electric socks? <u>EL SOCK</u>	(1)	(2)
C. Insulated gloves? <u>INS GLOVE</u>	(1)	(2)
D. Insulated socks? <u>INS SOCK</u>	(1)	(2)
E. Thermal underwear? <u>THERMUND</u>	(1)	(2)
F. Extra sweaters? <u>EX SWEAT</u>	(1)	(2)
G. Chemical hand warmers? <u>HANDWARM</u>	(1)	(2)
H. Other: <u>CLTHOTHR</u>	(1)	(2)

39. In the past 4 weeks, have you had to do any of the following to prevent or alleviate a Raynaud's attack?

	<u>Yes</u>	<u>No</u>
A. Turn up the heat? <u>HEATUP</u>	(1)	(2)
B. Use a space heater? <u>HEATER</u>	(1)	(2)
C. Use a heating pad? <u>HEATPAD</u>	(1)	(2)
D. Move work space? <u>MYWKSP</u>	(1)	(2)
E. Use a steering wheel cover? <u>SWCOVER</u>	(1)	(2)
F. Put hands under warm water? <u>WARMWAT</u>	(1)	(2)
G. Put hands over heating vent? <u>HEATVENT</u>	(1)	(2)
H. Drink warm liquid? <u>WARM LIQ</u>	(1)	(2)
I. Drink alcohol? <u>ALCOHOL</u>	(1)	(2)
J. Rub hands together? <u>RUB HAND</u>	(1)	(2)
K. Put hands in armpits? <u>ARMPITS</u>	(1)	(2)
L. Whirl arms around? <u>WHIRL</u>	(1)	(2)
M. Other: <u>PRVOTHR 1</u>	(1)	(2)
N. Other: <u>PRVOTHR 2</u>	(1)	(2)

40. During the past 4 weeks, how often did you:

	<u>Never</u>	<u>Rarely</u>	<u>Some- times</u>	<u>Often</u>
A. Feel rested from your night's sleep? <u>OFTEN A</u>	(1)	(2)	(3)	(4)
B. Have difficulty falling asleep at night? <u>OFTEN B</u>	(1)	(2)	(3)	(4)
C. Awaken earlier than your usual waking time? <u>OFTEN C</u>	(1)	(2)	(3)	(4)
D. Have difficulty staying awake during the day? <u>OFTEN D</u>	(1)	(2)	(3)	(4)

ID No.		-		
Form Type	Q	F		

41. Currently, are your sexual relations with your spouse or partner: SATISSEX

(1)	(2)	(3)	(4)	(5)
Not	Very	A little	Somewhat	Very
Applicable	Unsatisfactory	Unsatisfactory	Satisfactory	Satisfactory

42. Are you satisfied with the FREQUENCY with which you have sexual intercourse, or would you like to have sex more or less often? FREQSEX

(1)	(2)	(3)	(4)
Not applicable	Less often	Satisfied	More often

43. At the present time, how would you rate your Raynaud's condition? CHPCOND

(1)	(2)	(3)	(4)	(5)
Excellent	Very Good	Good	Fair	Poor

44. Compared to before you started this study, is your Raynaud's: CHPSTAT

(1)	(2)	(3)	(4)	(5)
Much better	Somewhat better	About the same	Somewhat worse	Much worse

45. Compared to before you started this study, what has happened to the frequency of your attacks? CHPFREQ

(1)	(2)	(3)	(4)	(5)
Many more	A few more	About the same	A few less	Many less

Think back over the past 4 weeks and indicate if you have had any difficulty in the following areas because of your Raynaud's.

	Never had <u>difficulty</u>	Rarely had <u>difficulty</u>	Sometimes had <u>difficulty</u>	Often had <u>difficulty</u>	Always had <u>difficulty</u>
46. Social Activities SOCACTA (lack of interest, withdrawal, lack of concern for others)	(1)	(2)	(3)	(4)	(5)
47. Memory and Concentration MEMORY (easily distracted, lose or forget things, fail to complete tasks, misplace objects, lose train of thought)	(1)	(2)	(3)	(4)	(5)
48. Spatial Orientation SPATIAL (become confused about whereabouts, sometimes become disoriented)	(1)	(2)	(3)	(4)	(5)
49. Moods and Emotions MOODS (moody, depressed, irritable, cry easily, prolonged periods of laughter, inappropriate emotions, emotionally unresponsive, lack of interest)	(1)	(2)	(3)	(4)	(5)
50. Sleep patterns SLEEP (trouble getting to sleep, awakening in the middle of the night, falling asleep during the day)	(1)	(2)	(3)	(4)	(5)

ID No.		-			
Form Type	Q	F			

For each of the following general categories of behavior, please indicate whether you feel your behavior has changed compared to before you started treatment. First, indicate how much you have changed (none - some - a great deal) and then indicate whether it was a change for the better (positive) or worse (negative).

	A. Amount of Change			B. The change was:	
	None	Some	A Great Deal	Positive	Negative
51. Talking/Carrying on a conversation..... <i>CHP CONVA</i>	(1)	(2)	(3)	(1)	(2) <i>CHP CONVE</i>
52. Participating in social activities..... <i>CHP SOLA</i>	(1)	(2)	(3)	(1)	(2) <i>CHP SOLB</i>
53. Awareness..... <i>CHP AWARA</i>	(1)	(2)	(3)	(1)	(2) <i>CHP AWARB</i>
54. Memory and Concentration..... <i>CHP MEMA</i>	(1)	(2)	(3)	(4)	(2) <i>CHP MEMB</i>
55. Spatial Orientation..... <i>CHP SPA</i>	(1)	(2)	(3)	(1)	(2) <i>CHP SPB</i>
56. Moods and Emotions..... <i>CHP MODA</i>	(1)	(2)	(3)	(4)	(2) <i>CHP MODB</i>
57. Physical Activity..... <i>CHP ACTA</i>	(1)	(2)	(3)	(1)	(2) <i>CHP ACTB</i>
58. Sleep Patterns..... <i>CHP SLPA</i>	(1)	(2)	(3)	(1)	(2) <i>CHP SLPB</i>

59. Is there any one particular change in your behavior since starting treatment that has been a big problem for you? *CHP BEH* (1) Yes (2) No

A. If yes, what is it? *CHP BAK*

We are interested in how people respond when they confront difficult or stressful events in their lives. The following questions ask you to indicate how you are dealing with the stress and problems associated with your Raynaud's condition.

Each of the following items describes a way of reacting to your current situation. Tell us how much each of the items describes your own reactions by checking the appropriate answer to the right of each item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU - not what you think "most people" would say or do or what you've been told to say or do. Indicate how much each item describes your reaction to your Raynaud's.

With respect to my Raynaud's.....

	Never	Sometimes	Often	Always
60. I try to grow as a person as a result of my experiences with Raynaud's..... <i>REACT1</i>	(1)	(2)	(3)	(4)
61. I turn to work or other substitute activities to take my mind off my condition..... <i>REACT2</i>	(1)	(2)	(3)	(4)
62. I get upset about my condition and let my emotions out..... <i>REACT3</i>	(1)	(2)	(3)	(4)
63. I try to get advice from someone about what to do about my condition..... <i>REACT4</i>	(1)	(2)	(3)	(4)

ID No.				
Form Type	Q	F		

		Never	Some- times	Often	Always
64.	I concentrate my efforts on doing something about my condition... <i>REACT5</i>	(1)	(2)	(3)	(4)
65.	I say to myself "this isn't happening to me."... <i>REACT6</i>	(1)	(2)	(3)	(4)
66.	I put my trust in God... <i>REACT7</i>	(1)	(2)	(3)	(4)
67.	I laugh about my condition... <i>REACT8</i>	(1)	(2)	(3)	(4)
68.	I admit to myself that I can't deal with my condition and stop trying... <i>REACT9</i>	(1)	(2)	(3)	(4)
69.	I restrain myself from doing anything about my condition too quickly... <i>REACT10</i>	(1)	(2)	(3)	(4)
70.	I discuss my feelings with someone... <i>REACT11</i>	(1)	(2)	(3)	(4)
71.	I use alcohol or drugs to make myself feel better about my condition... <i>REACT12</i>	(1)	(2)	(3)	(4)
72.	I get used to the idea that I have Raynaud's... <i>REACT13</i>	(1)	(2)	(3)	(4)
73.	I talk to others to find out more about my situation... <i>REACT14</i>	(1)	(2)	(3)	(4)
74.	I keep myself from getting distracted by other thoughts or activities... <i>REACT15</i>	(1)	(2)	(3)	(4)
75.	I daydream about things other than my condition... <i>REACT16</i>	(1)	(2)	(3)	(4)
76.	I get upset and am really aware of my emotions... <i>REACT17</i>	(1)	(2)	(3)	(4)
77.	I seek God's help... <i>REACT18</i>	(1)	(2)	(3)	(4)
78.	I make a plan of action for dealing with my Raynaud's... <i>REACT19</i>	(1)	(2)	(3)	(4)
79.	I make jokes about my condition... <i>REACT20</i>	(1)	(2)	(3)	(4)
80.	I accept that I have Raynaud's and that it can't be changed... <i>REACT21</i>	(1)	(2)	(3)	(4)
81.	I hold off doing anything about my condition until the situation permits... <i>REACT22</i>	(1)	(2)	(3)	(4)
82.	I try to get emotional support from friends or relatives... <i>REACT23</i>	(1)	(2)	(3)	(4)
83.	I just give up trying to cope with my condition... <i>REACT24</i>	(1)	(2)	(3)	(4)
84.	I take additional action to try to minimize problems associated with my Raynaud's... <i>REACT25</i>	(1)	(2)	(3)	(4)
85.	I try to lose myself for a while by drinking alcohol or taking drugs... <i>REACT26</i>	(1)	(2)	(3)	(4)

ID No.				
Form Type	Q	F		

		Never	Sometimes	Often	Always
86.	I just refuse to believe that I have Raynaud's.....	(1)	(2)	(3)	(4)
	REACT 27				
87.	I let my feelings out concerning my condition.....	(1)	(2)	(3)	(4)
	REACT 28				
88.	I try to see my condition in a different light, to make it seem more positive.....	(1)	(2)	(3)	(4)
	REACT 29				
89.	I talk to someone who could do something concrete about problems associated with my condition.....	(1)	(2)	(3)	(4)
	REACT 30				
90.	I sleep more than usual.....	(1)	(2)	(3)	(4)
	REACT 31				
91.	I try to come up with a strategy about what to do concerning my condition.....	(1)	(2)	(3)	(4)
	REACT 32				
92.	I focus on dealing with my condition, and if necessary let other things slide a little.....	(1)	(2)	(3)	(4)
	REACT 33				
93.	I get sympathy and understanding from someone.....	(1)	(2)	(3)	(4)
	REACT 34				
94.	I drink alcohol or take drugs, in order to think about my condition less.....	(1)	(2)	(3)	(4)
	REACT 35				
95.	I kid around about my Raynaud's.....	(1)	(2)	(3)	(4)
	REACT 36				
96.	I give up the attempt to overcome the problems that result from my condition.....	(1)	(2)	(3)	(4)
	REACT 37				
97.	I look for something good that is happening as a result of my condition.....	(1)	(2)	(3)	(4)
	REACT 38				
98.	I think about how I might best handle the problems associated with my condition.....	(1)	(2)	(3)	(4)
	REACT 39				
99.	I pretend that my condition hasn't really happened.....	(1)	(2)	(3)	(4)
	REACT 40				
100.	I make sure not to make difficulties caused by my Raynaud's worse by acting too soon.....	(1)	(2)	(3)	(4)
	REACT 41				
101.	I try hard to prevent other things from interfering with my efforts to handle my condition.....	(1)	(2)	(3)	(4)
	REACT 42				
102.	I go to movies, or watch TV, to think about my condition less.....	(1)	(2)	(3)	(4)
	REACT 43				
103.	I accept the reality of the fact that I have Raynaud's.....	(1)	(2)	(3)	(4)
	REACT 44				
104.	I ask others who have had similar experiences what they did.....	(1)	(2)	(3)	(4)
	REACT 45				

ID No.		-			
Form Type	Q	F			

		Never	Some- times	Often	Always
105.	I feel a lot of emotional distress and I find myself expressing those feelings a lot.....	(1)	(2)	(3)	(4)
	REACT 46				
106.	I take direct action to get around the problems that result from my condition.....	(1)	(2)	(3)	(4)
	REACT 47				
107.	I try to find comfort in my religion.....	(1)	(2)	(3)	(4)
	REACT 48				
108.	I force myself to wait for the right time to do something about my condition.....	(1)	(2)	(3)	(4)
	REACT 49				
109.	I make fun of my condition.....	(1)	(2)	(3)	(4)
	REACT 50				
110.	I reduce the amount of time I'm putting into dealing with my condition.....	(1)	(2)	(3)	(4)
	REACT 51				
111.	I talk to someone about how I feel.....	(1)	(2)	(3)	(4)
	REACT 52				
112.	I use alcohol or drugs to help me cope with my Raynaud's.....	(1)	(2)	(3)	(4)
	REACT 53				
113.	I learn to live with my condition.....	(1)	(2)	(3)	(4)
	REACT 54				
114.	I put aside other activities in order to concentrate on dealing with my condition.....	(1)	(2)	(3)	(4)
	REACT 55				
115.	I think hard about what steps to take in dealing with my condition.....	(1)	(2)	(3)	(4)
	REACT 56				
116.	I act as though I never got Raynaud's.....	(1)	(2)	(3)	(4)
	REACT 57				
117.	I do what has to be done, one step at a time.....	(1)	(2)	(3)	(4)
	REACT 58				
118.	I try to learn something from my experiences with Raynaud's.....	(1)	(2)	(3)	(4)
	REACT 59				
119.	I pray more than usual.....	(1)	(2)	(3)	(4)
	REACT 60				

ID No.		-		
Form Type	Q	F		

The next group of questions asks you about your feelings and thoughts during the last 4 weeks. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question.

	<u>Never</u>	<u>Almost never</u>	<u>Sometimes</u>	<u>Fairly often</u>	<u>Very often</u>
120. In the last 4 weeks, how often have you been upset because of something that happened unexpectedly?	(1)	(2)	(3)	(4)	(5) FEEL1
121. In the last 4 weeks, how often have you felt that you were unable to control the important things in your life?....	(1)	(2)	(3)	(4)	(5) FEEL2
122. In the last 4 weeks, how often have you felt nervous and "stressed"?	(1)	(2)	(3)	(4)	(5) FEEL3
123. In the last 4 weeks, how often have you dealt successfully with day to day problems and annoyances?	(1)	(2)	(3)	(4)	(5) FEEL4
124. In the last 4 weeks, how often have you felt that you were effectively coping with important changes that were occurring in your life?	(1)	(2)	(3)	(4)	(5) FEEL5
125. In the last 4 weeks, how often have you felt confident about your ability to handle your personal problems?	(1)	(2)	(3)	(4)	(5) FEEL6
126. In the last 4 weeks, how often have you felt that things were going your way?	(1)	(2)	(3)	(4)	(5) FEEL7
127. In the last 4 weeks, how often have you found that you could not cope with all the things that you had to do?	(1)	(2)	(3)	(4)	(5) FEEL8
128. In the last 4 weeks, how often have you been able to control irritations in your life?	(1)	(2)	(3)	(4)	(5) FEEL9
129. In the last 4 weeks, how often have you felt that you were on top of things?	(1)	(2)	(3)	(4)	(5) FEEL10
130. In the last 4 weeks, how often have you been angered because of things that happened that were outside of your control?	(1)	(2)	(3)	(4)	(5) FEEL11
131. In the last 4 weeks, how often have you found yourself thinking about things that you have to accomplish?	(1)	(2)	(3)	(4)	(5) FEEL12
132. In the last 4 weeks, how often have you been able to control the way you spend your time?	(1)	(2)	(3)	(4)	(5) FEEL13
133. In the last 4 weeks, how often have you felt difficulties were piling up so high that you could not overcome them?	(1)	(2)	(3)	(4)	(5) FEEL14

ID No.				
Form Type	Q	F		

For the following items, indicate the extent of your agreement by checking the appropriate answer.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
134.	In most ways my life is close to my ideal <u>LIF IDEAL</u>	(1)	(2)	(3)	(4)	(5)
135.	The conditions of my life are excellent. <u>LIF EXC</u>	(1)	(2)	(3)	(4)	(5)
136.	I am satisfied with my life <u>LIF SAT</u>	(1)	(2)	(3)	(4)	(5)
137.	So far, I've gotten the important things I want in life <u>LIF IMP</u>	(1)	(2)	(3)	(4)	(5)
138.	If I could live my life over, I would change almost everything <u>LIF CHNG</u>	(1)	(2)	(3)	(4)	(5)

139. Here is a ladder representing the "Ladder of Life." The top of the ladder represents the BEST possible life for you. The bottom of the ladder represents the WORST possible life for you. (Answer parts A through C below.)

A. On which step of the ladder do you feel you personally stand at the present time?

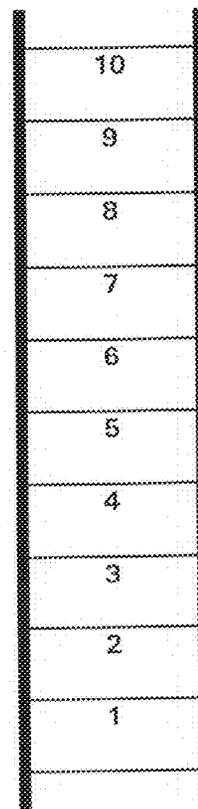
present time (1 to 10): LOFA

B. On which step would you say you stood prior to beginning the study?

before beginning the study (1 to 10): LOFB

C. Thinking about your future, on which step do you think you will be about 1 year from now?

in 1 year (1 to 10): LOFC



ID No.		-		
Form Type	Q	F		

The following items list a number of common symptoms that a person might experience. For each item, we are interested in knowing *how much that problem or symptom has bothered you during the past four weeks, including today*. Respond to each item by choosing one of the following responses.

How much have you been bothered by

		Not at all	A little bit	Some	A great deal
140.	Weight change (gain or loss of 10 pounds or more in 4 weeks).....	(1)	(2)	(3)	(4)
	WEIGHT				
141.	Back pain	(1)	(2)	(3)	(4)
	BACKPAIN				
142.	Constipation	(1)	(2)	(3)	(4)
	CONST				
143.	Dizziness.....	(1)	(2)	(3)	(4)
	DIZZY				
144.	Diarrhea.....	(1)	(2)	(3)	(4)
	DIARRHEA				
145.	Faintness.....	(1)	(2)	(3)	(4)
	FRAINT				
146.	Fatigue.....	(1)	(2)	(3)	(4)
	FATIGUE				
147.	Headache	(1)	(2)	(3)	(4)
	HEAD				
148.	Migraine headache.....	(1)	(2)	(3)	(4)
	MIGRAINE				
149.	Nausea	(1)	(2)	(3)	(4)
	NAUSEA				
150.	Acid stomach or indigestion.....	(1)	(2)	(3)	(4)
	INDIGEST				
151.	Stomach pain (e.g., cramps)	(1)	(2)	(3)	(4)
	CRAMPS				
152.	Hot or cold spells	(1)	(2)	(3)	(4)
	SPLITS				
153.	Vomiting	(1)	(2)	(3)	(4)
	VOMIT				
154.	Hands trembling	(1)	(2)	(3)	(4)
	TREMBLE				
155.	Flushing or suddenly feeling hot all over	(1)	(2)	(3)	(4)
	FLUSHED				
156.	Heart pounding or racing	(1)	(2)	(3)	(4)
	RACEAT				
157.	Poor appetite	(1)	(2)	(3)	(4)
	APPETITE				
158.	Shortness of breath	(1)	(2)	(3)	(4)
	BREATH				
159.	Numbness or tingling	(1)	(2)	(3)	(4)
	NUMB				
160.	Weakness	(1)	(2)	(3)	(4)
	WEAK				
161.	Pains in heart or chest	(1)	(2)	(3)	(4)
	CHESTAIN				
162.	Feeling low in energy	(1)	(2)	(3)	(4)
	LOWENERG				
163.	Stuffy head or nose	(1)	(2)	(3)	(4)
	STUFFY				
164.	Blurred vision	(1)	(2)	(3)	(4)
	VISION				
165.	Muscle tension or soreness	(1)	(2)	(3)	(4)
	MUSC SORE				
166.	Muscle cramps	(1)	(2)	(3)	(4)
	MUSC CRAMP				

ID No.		-		
Form Type	Q	F		

		Not at all	A little bit	Some	A great deal
167.	Menstrual cramps <u>MENSTRUAL</u>	(1)	(2)	(3)	(4)
168.	Palpitations (fluttering or irregular heartbeat) <u>PALP</u>	(1)	(2)	(3)	(4)
169.	Bruises <u>BRUISES</u>	(1)	(2)	(3)	(4)
170.	Nosebleed <u>NOSEBLO</u>	(1)	(2)	(3)	(4)
171.	Light headedness <u>LIGHTHEAD</u>	(1)	(2)	(3)	(4)
172.	Wheezing <u>WHEEZE</u>	(1)	(2)	(3)	(4)
173.	Cough <u>COUGH</u>	(1)	(2)	(3)	(4)
174.	Yeast infection <u>YESTINF</u>	(1)	(2)	(3)	(4)
175.	Bladder infection <u>BLOINF</u>	(1)	(2)	(3)	(4)
176.	Tooth/gum problems <u>TEETH</u>	(1)	(2)	(3)	(4)
177.	Earaches <u>EARACHE</u>	(1)	(2)	(3)	(4)
178.	Swelling in hands, feet, arms, or legs <u>SWELL</u>	(1)	(2)	(3)	(4)

The following will be completed by medical staff.

179. Research Coordinator:

Signature: _____

RTS Staff No: _____

180. Date form reviewed: _____

Month Day Year

ID No.		-			
Form Type	Q	F			

QUALITY OF LIFE FOLLOW-UP

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
HEADER	NEWID	I(4)	Patient ID
HEADER	FMTYP	CHAR(4)	QF01, QF02
2	F15_DAYS	I(4)	Date Form 15 completed Days from randomization
3	MARSTAT	I(1)	1 = Never 2 = Presently married 3 = Living in a marriage-like relationship 4 = Divorced/separated 5 = Widowed
4	CLOSE	I(2)	1 = None 2 = One 3 = Two 4 = Three 5 = Four 6 = Five 7 = Six 8 = Seven 9 = Eight 10 = Nine 11 = Ten 12 = More than 10
5A 5B 5C 5D 5E 5F 5G 5H	SUPPAVLA SUPPAVLB SUPPAVLC SUPPAVLD SUPPAVLE SUPPAVLF SUPPAVLG SUPPAVLH	I(1)	1 = None of the time 2 = A little of the time 3 = Some of the time 4 = Most of the time 5 = All of the time
6	SUPPNEED	I(1)	1 = Very easy 2 = Somewhat easy 3 = Somewhat difficult 4 = Very difficult
7	CRIT CRIT_NO	I(1) I(2)	1 = Yes, 2 = No Number of people
8	WDRWN WDRWN_NO	I(1) I(2)	1 = Yes, 2 = No Number of people
9	HELP HELP_NO	I(1) I(2)	1 = Yes, 2 = No Number of people
10	WORSE WORSE_NO	I(1) I(2)	1 = Yes, 2 = No Number of people
11	PROB PROB_NO	I(1) I(2)	1 = Yes, 2 = No Number of people
12	ORGREL	I(1)	1 = Yes, 2 = No
13	RELIG	I(1)	1 = Almost never 2 = Once or twice a year 3 = Once a month 4 = Once a week 5 = More than once a week

FORM 15 (Rev. 0)
 QUALITY OF LIFE FOLLOW-UP
 (Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
14	RATEEM	I(1)	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
15	SATISEM	I(1)	1 = Very satisfied 2 = Somewhat satisfied 3 = Neither 4 = Somewhat dissatisfied 5 = Very dissatisfied
16	CMPMENT	I(1)	1 = Much better 2 = Somewhat better 3 = About the same 4 = Somewhat worse 5 = Much worse
17	RATEPHY	I(1)	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
18	SATISPHY	I(1)	1 = Very satisfied 2 = Somewhat satisfied 3 = Neither 4 = Somewhat dissatisfied 5 = Very dissatisfied
19	CMPPHYS	I(1)	1 = Much better 2 = Somewhat better 3 = About the same 4 = Somewhat worse 5 = Much worse
20	OVHLTH	I(1)	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
21	SATHLTH	I(1)	1 = Very satisfied 2 = Somewhat satisfied 3 = Neither 4 = Somewhat dissatisfied 5 = Very dissatisfied
22	CMPHLTH	I(1)	1 = Much better 2 = Somewhat better 3 = About the same 4 = Somewhat worse 5 = Much worse

FORM 15 (Rev. 0)

QUALITY OF LIFE FOLLOW-UP
(Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
23A	VIGACT	I(1)	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not at all 4 = Don't normally do
23B	MODACT		
23C	GROCERY		
23D	CLMBSEV		
23E	CLMBONE		
23F	LIMBEND		
23G	WALK1MI		
23H	WALKSEV		
23I	WALK1BLK		
23J	LIMBATH		
24A	OUTDOORS	I(1)	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not at all 4 = Don't normally do
24B1	GRIP		
24B2	SHIFT		
24C	SHOP		
24D1	UTENSIL		
24D2	APPL		
24D3	WASHVEG		
24D4	FREEZER		
24E1	WASHCLTH		
24E2	HANDCLTH		
24F1	HLDFOOD		
24F2	SWFOOD		
24G1	HLDGLASS		
24G2	SWLIQ		
24H1	SWIM		
24H2	OUTACT		
24H3	EQUIP		
24I	BATHE		
24J1	ZIPPER		
24J2	SHOELACE		
24J3	GLOVES		
24K	USECOMP		
24L	USEPEN		
24M	USETOOLS		
24N	USEMACH		
24O	SOCACT		
24P	SEXACT		
24Q	AIRCOND		
24R	DEALSTR		
25A	RAYPROBA	I(1)	1 = Yes, 2 = No
25B	RAYPROBB		
25C	RAYPROBC		
25D	RAYPROBD		
26A	EMPROBA	I(1)	1 = Yes, 2 = No
26B	EMPROBB		
26C	EMPROBC		
27	INTRFER1	I(1)	1 = Not at all 2 = Slightly 3 = Moderately 4 = Quite a bit 5 = Extremely
28	INTRFER2		
29	INTRFER3	I(1)	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
30	INTRFER4		

FORM 15 (Rev. 0)

QUALITY OF LIFE FOLLOW-UP
(Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
31 32	RAYNPAIN OTHRPAIN	I(1)	1 = Never 2 = Rarely 3 = Sometimes 4 = Often
33 34	INTRAYPN INTOTHPN	I(1)	1 = Didn't have pain 2 = Mild pain 3 = Moderate pain 4 = Severe pain
35 36	INTRAYWK INTOTHWK	I(1)	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely
37A 37B 37C 37D 37E 37F 37G 37H 37I 37J 37K 37L 37M 37N 37O	PEP4WK NERV4WK DUMP4WK TENSE4WK ANGRY4WK CALM4WK ENRGY4WK RES4WK BLUE4WK WORN4WK IRR4WK WORR4WK HAPPY4WK TIRED4WK BITT4WK	I(1)	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
38A 38B 38C 38D 38E 38F 38G 38H	ELGLOVE ELSOCK INSGLOVE INSSOCK THERMUND EXSWEAT HANDWARM CLTHOTHR	I(1)	1 = Yes, 2 = No
39A 39B 39C 39D 39E 39F 39G 39H 39I 39J 39K 39L 39M 39N	HEATUP HEATER HEATPAD MVWKSP SWCOVER WARMWAT HEATVENT WARMLIQ ALCOHOL RUBHAND ARMPITS WHIRL PRVOTHR1 PRVOTHR2	I(1)	1 = Yes, 2 = No
40A 40B 40C 40D	OFTENA OFTENB OFTENC OFTEND	I(1)	1 = Never 2 = Rarely 3 = Sometimes 4 = Often

FORM 15 (Rev. 0)
 QUALITY OF LIFE FOLLOW-UP
 (Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
41	SATISSEX	I(1)	1 = Not applicable 2 = Very unsatisfactory 3 = A little unsatisfactory 4 = Somewhat satisfactory 5 = Very satisfactory
42	FREQSEX	I(1)	1 = Not applicable 2 = Less often 3 = Satisfied 4 = More often
43	CMPCOND	I(1)	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
44	CMPSTAT	I(1)	1 = Much better 2 = Somewhat better 3 = About the same 4 = Somewhat worse 5 = Much worse
45	CMPFREQ	I(1)	1 = Many more 2 = A few more 3 = About the same 4 = A few less 5 = Many less
46	SOACT2	I(1)	1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always
47	MEMORY		
48	SPATIAL		
49	MOODS		
50	SLEEP		
51A	CMPCONVA	I(1)	1 = None 2 = Some 3 = A great deal
52A	CMPSOCA		
53A	CMPAWARA		
54A	CMPMEMA		
55A	CMPSPA		
56A	CMPMOODA		
57A	CMPACTA		
58A	CMPSLPA		
51B	CMPCONVB	I(1)	1 = Positive 2 = Negative
52B	CMPSOCB		
53B	CMPAWARB		
54B	CMPMEMB		
55B	CMPSPB		
56B	CMPMOODB		
57B	CMPACTB		
58B	CMPSLPB		
59	CMPBEH	I(1)	1 = Yes, 2 = No
59A	CMP_RMK	CHAR(1)	1 = Remark written on form

FORM 15 (Rev. 0)

QUALITY OF LIFE FOLLOW-UP
(Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
60	REACT1	I(1)	1 = Never 2 = Sometimes 3 = Often 4 = Always
61	REACT2		
62	REACT3		
63	REACT4		
64	REACT5		
65	REACT6		
66	REACT7		
67	REACT8		
68	REACT9		
69	REACT10		
70	REACT11		
71	REACT12		
72	REACT13		
73	REACT14		
74	REACT15		
75	REACT16		
76	REACT17		
77	REACT18		
78	REACT19		
79	REACT20		
80	REACT21		
81	REACT22		
82	REACT23		
83	REACT24		
84	REACT25		
85	REACT26		
86	REACT27		
87	REACT28		
88	REACT29		
89	REACT30		
90	REACT31		
91	REACT32		
92	REACT33		
93	REACT34		
94	REACT35		
95	REACT36		
96	REACT37		
97	REACT38		
98	REACT39		
99	REACT40		
100	REACT41		
101	REACT42		
102	REACT43		
103	REACT44		
104	REACT45		
105	REACT46		
106	REACT47		
107	REACT48		
108	REACT49		
109	REACT50		
110	REACT51		
111	REACT52		
112	REACT53		
113	REACT54		
114	REACT55		
115	REACT56		
116	REACT57		
117	REACT58		
118	REACT59		
119	REACT60		

FORM 15 (Rev. 0)
 QUALITY OF LIFE FOLLOW-UP
 (Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
120	FEEL1	I(1)	1 = Never 2 = Almost never 3 = Sometimes 4 = Fairly often 5 = Very often
121	FEEL2		
122	FEEL3		
123	FEEL4		
124	FEEL5		
125	FEEL6		
126	FEEL7		
127	FEEL8		
128	FEEL9		
129	FEEL10		
130	FEEL11		
131	FEEL12		
132	FEEL13		
133	FEEL14		
134	LIFIDEAL	I(1)	1 = Strongly disagree 2 = Disagree 3 = Sometimes 4 = Agree 5 = Strongly agree
135	LIFEXC		
136	LIFSAT		
137	LIFIMP		
138	LIFCHNG		
139A	LOFA	I(2)	1 - 10
139B	LOFB		
139C	LOFC		
140	WEIGHT	I(1)	1 = Not at all 2 = A little bit 3 = Quite a bit 4 = A lot
141	BACKPAIN		
142	CONST		
143	DIZZY		
144	DIARRHEA		
145	FAINT		
146	FATIGUE		
147	HEAD		
148	MIGRANE		
149	NAUSEA		
150	INDIGEST		
151	CRAMPS		
152	SPELLS		
153	VOMIT		
154	TREMBLE		
155	FLUSHED		
156	RACEHT		
157	APPETITE		
158	BREATH		
159	NUMB		
160	WEAK		
161	CHSTPAIN		
162	LOWENER		
163	STUFFY		
164	VISION		
165	MUSCSORE		
166	MUSCCRMP		
167	MENSTRAL		
168	PALP		
169	BRUISES		
170	NOSEBLD		
171	LGHTHEAD		

FORM 15 (Rev. 0)
QUALITY OF LIFE FOLLOW-UP
(Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
172	WHEEZE	I(1)	1 = Not at all 2 = A little bit 3 = Quite a bit 4 = A lot
173	COUGH		
174	YSTINF		
175	BLDINF		
176	TEETH		
177	EARACHE		
178	SWELL		

CONTENTS PROCEDURE

Data Set Name:	RTS.FORM15	Observations:	433
Member Type:	DATA	Variables:	281
Engine:	V612	Indexes:	0
Created:	11:06 Thursday, April 27, 2000	Observation Length:	1140
Last Modified:	11:06 Thursday, April 27, 2000	Deleted Observations:	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	NO
Label:			

-----Engine/Host Dependent Information-----

Data Set Page Size:	16384
Number of Data Set Pages:	34
File Format:	607
First Data Page:	3
Max Obs per Page:	14
Obs in First Data Page:	12

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Informat	Label
ff							
71	AIRCOND	Num	4	284	1.	BEST22.	f15q24q Air-conditioned rooms
121	ALCOHOL	Num	4	484	1.	BEST22.	f15q39i Drink alcohol
94	ANGRY4WK	Num	4	376	1.	BEST22.	f15q37e Felt angry
258	APPETITE	Num	4	1036	1.	BEST22.	f15q157 Poor appetite
49	APPL	Num	4	196	1.	BEST22.	f15q24d2 Using kitchen appliances
123	ARMPITS	Num	4	492	1.	BEST22.	f15q39k Put hands in armpits
242	BACKPAIN	Num	4	972	1.	BEST22.	f15q141 Back pain
61	BATHE	Num	4	244	1.	BEST22.	f15q24i Bathing
104	BITT4WK	Num	4	416	1.	BEST22.	f15q37o Felt bitter
276	BLDINF	Num	4	1108	1.	BEST22.	f15q175 Bladder infection
98	BLUE4WK	Num	4	392	1.	BEST22.	f15q37i Felt down-hearted and blue
259	BREATH	Num	4	1040	1.	BEST22.	f15q158 Shortness of breath
270	BRUISES	Num	4	1084	1.	BEST22.	f15q169 Bruises
95	CALM4WK	Num	4	380	1.	BEST22.	f15q37f Felt calm and peaceful
262	CHSTPAIN	Num	4	1052	1.	BEST22.	f15q161 Pains in heart or chest
38	CLMBONE	Num	4	152	1.	BEST22.	f15q23e Climb one flight of stairs
37	CLMBSEV	Num	4	148	1.	BEST22.	f15q23d Climbing sev. flights of stairs
3	CLOSE	Num	4	8	2.	BEST22.	f15q4 No. of close friends/relatives
112	CLTHOTHR	Num	4	448	1.	BEST22.	f15q38h Used other means
147	CMPACTA	Num	4	588	1.	BEST22.	f15q57a Change in physical activity
155	CMPACTB	Num	4	620	1.	BEST22.	f15q57b Change in physical activity
143	CMPAWARA	Num	4	572	1.	BEST22.	f15q53a Change in awareness
151	CMPAWARB	Num	4	604	1.	BEST22.	f15q53b Change in awareness
157	CMPBEH	Num	4	628	1.	BEST22.	f15q59 Change has been a problem
133	CMPCOND	Num	4	532	1.	BEST22.	f15q43 Rate Raynauds at present time
141	CMPCONVA	Num	4	564	1.	BEST22.	f15q51a Change in talking
149	CMPCONVB	Num	4	596	1.	BEST22.	f15q51b Change in talking
135	CMPREQ	Num	4	540	1.	BEST22.	f15q45 Compare freq of attacks to before
33	CMPHLTH	Num	4	132	1.	BEST22.	f15q22 Compare overall health to before

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Informat	Label
ff							
144	CMPMEMA	Num	4	576	1.	BEST22.	f15q54a Change in memory/concentration
152	CMPMEMB	Num	4	608	1.	BEST22.	f15q54b Change in memory/concentration
27	CMPMENT	Num	4	108	1.	BEST22.	f15q16 Compare mental health to before
146	CMPMODA	Num	4	584	1.	BEST22.	f15q56a Change in moods/emotions
154	CMPMODB	Num	4	616	1.	BEST22.	f15q56b Change in moods/emotions
30	CMPPHYS	Num	4	120	1.	BEST22.	f15q19 Compare physical health to before
148	CMPSLPA	Num	4	592	1.	BEST22.	f15q58a Change in sleep patterns
156	CMPSLPB	Num	4	624	1.	BEST22.	f15q58b Change in sleep patterns
142	CMPSOCA	Num	4	568	1.	BEST22.	f15q52a Change in social activities
150	CMPSOCB	Num	4	600	1.	BEST22.	f15q52b Change in social activities
145	CMPSPA	Num	4	580	1.	BEST22.	f15q55a Change in spatial orientation
153	CMPSPB	Num	4	612	1.	BEST22.	f15q55b Change in spatial orientation
134	CMPSTAT	Num	4	536	1.	BEST22.	f15q44 Compare Raynauds to before
158	CMP_RMK	Num	8	632	BEST22.	BEST22.	f15q59a Which change
243	CONST	Num	4	976	1.	BEST22.	f15q142 Constipation
274	COUGH	Num	4	1100	1.	BEST22.	f15q173 Cough
252	CRAMPS	Num	4	1012	1.	BEST22.	f15q151 Stomach pain (e.g. cramps)
13	CRIT	Num	4	52	1.	BEST22.	f15q7 Others criticize
14	CRIT_NO	Num	4	56	2.	BEST22.	f15q7a How many criticize
72	DEALSTR	Num	4	288	1.	BEST22.	f15q24r Dealing with stress
245	DIARRHEA	Num	4	984	1.	BEST22.	f15q144 Diarrhea
244	DIZZY	Num	4	980	1.	BEST22.	f15q143 Dizziness
92	DUMP4WK	Num	4	368	1.	BEST22.	f15q37c Down in the dumps
278	EARACHE	Num	4	1116	1.	BEST22.	f15q177 Earaches
105	ELGLOVE	Num	4	420	1.	BEST22.	f15q38a Used electric gloves
106	ELSOCK	Num	4	424	1.	BEST22.	f15q38b Used electric socks
77	EMPROBA	Num	4	308	1.	BEST22.	f15q26a Cut down time at work
78	EMPROBB	Num	4	312	1.	BEST22.	f15q26b Accomplished less
79	EMPROBC	Num	4	316	1.	BEST22.	f15q26c Not as careful as usual
96	ENRGY4WK	Num	4	384	1.	BEST22.	f15q37g Had a lot of energy
60	EQUIP	Num	4	240	1.	BEST22.	f15q24h3 Handling sports equipment
110	EXSWEAT	Num	4	440	1.	BEST22.	f15q38f Used extra sweaters
280	F15_DAYS	Num	8	1124	4.		f15q2 Days from randomization
246	FAINT	Num	4	988	1.	BEST22.	f15q145 Faintness
247	FATIGUE	Num	4	992	1.	BEST22.	f15q146 Fatigue
219	FEEL1	Num	4	880	1.	BEST22.	f15q120 Upset at unexpected
220	FEEL2	Num	4	884	1.	BEST22.	f15q121 Unable to control life
221	FEEL3	Num	4	888	1.	BEST22.	f15q122 Felt nervous and stressed
222	FEEL4	Num	4	892	1.	BEST22.	f15q123 Successful with problems
223	FEEL5	Num	4	896	1.	BEST22.	f15q124 Coping with changes
224	FEEL6	Num	4	900	1.	BEST22.	f15q125 Felt confident to handle prob.
225	FEEL7	Num	4	904	1.	BEST22.	f15q126 Things going your way
226	FEEL8	Num	4	908	1.	BEST22.	f15q127 Could not cope with all things
227	FEEL9	Num	4	912	1.	BEST22.	f15q128 Able to control irritations

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Informat	Label
ff							
2	MARSTAT	Num	4	4	1.	BEST22.	f15q3 Current marital status
137	MEMDRY	Num	4	548	1.	BEST22.	f15q47 Memory and Concentration
268	MENSTRAL	Num	4	1076	1.	BEST22.	f15q167 Mentrual cramps
249	MIGRANE	Num	4	1000	1.	BEST22.	f15q148 Migraine headache
35	MODACT	Num	4	140	1.	BEST22.	f15q23b Moderate activities
139	MOODS	Num	4	556	1.	BEST22.	f15q49 Moods and emotions
267	MUSCCRMP	Num	4	1072	1.	BEST22.	f15q166 Muscle cramps
266	MUSCSORE	Num	4	1068	1.	BEST22.	f15q165 Muscle tension or soreness
116	MVWKSP	Num	4	464	1.	BEST22.	f15q39d Move work space
250	NAUSEA	Num	4	1004	1.	BEST22.	f15q149 Nausea
91	NERV4WK	Num	4	364	1.	BEST22.	f15q37b Been nervous
281	NEWID	Num	8	1132	4.		Patient ID
271	NOSEBLD	Num	4	1088	1.	BEST22.	f15q170 Nosebleed
260	NUMB	Num	4	1044	1.	BEST22.	f15q159 Numbness or tingling
127	OFTENA	Num	4	508	1.	BEST22.	f15q40a Feel rested from sleep
128	OFTENB	Num	4	512	1.	BEST22.	f15q40b Difficultly falling asleep
129	OFTENC	Num	4	516	1.	BEST22.	f15q40c Awaken earlier than usual
130	OFTEND	Num	4	520	1.	BEST22.	f15q40d Difficultly staying awake
23	ORGREL	Num	4	92	1.	BEST22.	f15q12 Belong to organized religion
85	OTHRPAIN	Num	4	340	1.	BEST22.	f15q32 Other pain
59	OUTACT	Num	4	236	1.	BEST22.	f15q24h2 Outdoor act. in cold weather
44	OUTDOORS	Num	4	176	1.	BEST22.	f15q24a Outdoors in cold weather
31	OVHLTH	Num	4	124	1.	BEST22.	f15q20 Overall health
269	PALP	Num	4	1080	1.	BEST22.	f15q168 Palpitations
90	PEP4WK	Num	4	360	1.	BEST22.	f15q37a Felt full of pep
21	PROB	Num	4	84	1.	BEST22.	f15q11 Others make problems
22	PROB_NO	Num	4	88	2.	BEST22.	f15q11a How many make problems
125	PRVOTHR1	Num	4	500	1.	BEST22.	f15q39m Other action
126	PRVOTHR2	Num	4	504	1.	BEST22.	f15q39n Other action
257	RACEHT	Num	4	1032	1.	BEST22.	f15q156 Heart pounding or racing
25	RATEEM	Num	4	100	1.	BEST22.	f15q14 Rate mental/emotional health
28	RATEPHY	Num	4	112	1.	BEST22.	f15q17 Rate physical health
84	RAYNPAIN	Num	4	336	1.	BEST22.	f15q31 Pain from Raynauds
73	RAYPROBA	Num	4	292	1.	BEST22.	f15q25a Cut down time at work
74	RAYPROBB	Num	4	296	1.	BEST22.	f15q25b Accomplished less
75	RAYPROBC	Num	4	300	1.	BEST22.	f15q25c Limited in kind of work
76	RAYPROBD	Num	4	304	1.	BEST22.	f15q25d Difficultly performing work
159	REACT1	Num	4	640	1.	BEST22.	f15q60 Grow as a person
160	REACT2	Num	4	644	1.	BEST22.	f15q61 Turn to work
161	REACT3	Num	4	648	1.	BEST22.	f15q62 Get upset and let emotions out
162	REACT4	Num	4	652	1.	BEST22.	f15q63 Try to get advice
163	REACT5	Num	4	656	1.	BEST22.	f15q64 Try to do something about it
164	REACT6	Num	4	660	1.	BEST22.	f15q65 Say "This isn't happening"
165	REACT7	Num	4	664	1.	BEST22.	f15q66 Put trust in God
166	REACT8	Num	4	668	1.	BEST22.	f15q67 Laugh about condition
167	REACT9	Num	4	672	1.	BEST22.	f15q68 Stop trying to deal with it
168	REACT10	Num	4	676	1.	BEST22.	f15q69 Keep from acting too quickly
169	REACT11	Num	4	680	1.	BEST22.	f15q70 Discuss feelings with someone
170	REACT12	Num	4	684	1.	BEST22.	f15q71 Use alcohol and drugs
171	REACT13	Num	4	688	1.	BEST22.	f15q72 Get used to the idea

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Informat	Label
ff							
172	REACT14	Num	4	692	1.	BEST22.	f15q73 Talk to others to learn more
173	REACT15	Num	4	696	1.	BEST22.	f15q74 Keep from getting distracted
174	REACT16	Num	4	700	1.	BEST22.	f15q75 Daydream about other things
175	REACT17	Num	4	704	1.	BEST22.	f15q76 Get upset
176	REACT18	Num	4	708	1.	BEST22.	f15q77 Seek God's help
177	REACT19	Num	4	712	1.	BEST22.	f15q78 Make a plan of action
178	REACT20	Num	4	716	1.	BEST22.	f15q79 Make jokes about condition
179	REACT21	Num	4	720	1.	BEST22.	f15q80 Accept it
180	REACT22	Num	4	724	1.	BEST22.	f15q81 Hold off until situation permits
181	REACT23	Num	4	728	1.	BEST22.	f15q82 Try to get emotional support
182	REACT24	Num	4	732	1.	BEST22.	f15q83 Give up trying to cope
183	REACT25	Num	4	736	1.	BEST22.	f15q84 Action to minimize problems
184	REACT26	Num	4	740	1.	BEST22.	f15q85 Lose self in drugs/alcohol
185	REACT27	Num	4	744	1.	BEST22.	f15q86 Refuse to believe
186	REACT28	Num	4	748	1.	BEST22.	f15q87 Try to let out feelings
187	REACT29	Num	4	752	1.	BEST22.	f15q88 Try to make it more positive
188	REACT30	Num	4	756	1.	BEST22.	f15q89 Talk to one who can do something
189	REACT31	Num	4	760	1.	BEST22.	f15q90 Sleep more than usual
190	REACT32	Num	4	764	1.	BEST22.	f15q91 Try to come up with strategy
191	REACT33	Num	4	768	1.	BEST22.	f15q92 Focus on condition
192	REACT34	Num	4	772	1.	BEST22.	f15q93 Sympathy from someone
193	REACT35	Num	4	776	1.	BEST22.	f15q94 Drink or take drugs
194	REACT36	Num	4	780	1.	BEST22.	f15q95 Kid around
195	REACT37	Num	4	784	1.	BEST22.	f15q96 Give up attempt to overcome
196	REACT38	Num	4	788	1.	BEST22.	f15q97 Look for something good
197	REACT39	Num	4	792	1.	BEST22.	f15q98 Think about how to best handle
198	REACT40	Num	4	796	1.	BEST22.	f15q99 Pretend it hasn't happened
199	REACT41	Num	4	800	1.	BEST22.	f15q100 Don't act too soon
200	REACT42	Num	4	804	1.	BEST22.	f15q101 Prevent interference
201	REACT43	Num	4	808	1.	BEST22.	f15q102 Go to movies or watch TV
202	REACT44	Num	4	812	1.	BEST22.	f15q103 Accept the reality
203	REACT45	Num	4	816	1.	BEST22.	f15q104 Ask others what they did
204	REACT46	Num	4	820	1.	BEST22.	f15q105 Feel and express distress
205	REACT47	Num	4	824	1.	BEST22.	f15q106 Take direct action
206	REACT48	Num	4	828	1.	BEST22.	f15q107 Find comfort in religion
207	REACT49	Num	4	832	1.	BEST22.	f15q108 Wait until the right time
208	REACT50	Num	4	836	1.	BEST22.	f15q109 Make fun of condition
209	REACT51	Num	4	840	1.	BEST22.	f15q110 Reduce time
210	REACT52	Num	4	844	1.	BEST22.	f15q111 Talk to someone about feelings
211	REACT53	Num	4	848	1.	BEST22.	f15q112 Use alcohol or drugs
212	REACT54	Num	4	852	1.	BEST22.	f15q113 Learn to live with
213	REACT55	Num	4	856	1.	BEST22.	f15q114 Put aside other things
214	REACT56	Num	4	860	1.	BEST22.	f15q115 Think hard about steps
215	REACT57	Num	4	864	1.	BEST22.	f15q116 Act as if it doesn't exist
216	REACT58	Num	4	868	1.	BEST22.	f15q117 Do it one step at a time
217	REACT59	Num	4	872	1.	BEST22.	f15q118 Try to learn something
218	REACT60	Num	4	876	1.	BEST22.	f15q119 Pray more than usual

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Informat	Label
24	RELIG	Num	4	96	1.	BEST22.	f15q13 Attendance at religious services
97	RES4WK	Num	4	388	1.	BEST22.	f15q37h Felt resentful
122	RUBHAND	Num	4	488	1.	BEST22.	f15q39j Rub hands together
32	SATHLTH	Num	4	128	1.	BEST22.	f15q21 Satisfied with overall health
26	SATISEM	Num	4	104	1.	BEST22.	f15q15 Satisfied with mental health
29	SATISPHY	Num	4	116	1.	BEST22.	f15q18 Satisfied with physical health
131	SATISSEX	Num	4	524	1.	BEST22.	f15q41 Current sexual relations
70	SEXACT	Num	4	280	1.	BEST22.	f15q24p Sexual activity
46	SHIFT	Num	4	184	1.	BEST22.	f15q24b2 Shifting car
63	SHOELACE	Num	4	252	1.	BEST22.	f15q24j2 Tying shoelaces
47	SHOP	Num	4	188	1.	BEST22.	f15q24c Shopping for frozen food
140	SLEEP	Num	4	560	1.	BEST22.	f15q50 Sleep patterns
69	SOCACT	Num	4	276	1.	BEST22.	f15q24o Social activities
136	SOCACT2	Num	4	544	1.	BEST22.	f15q46 Social Activities
138	SPATIAL	Num	4	552	1.	BEST22.	f15q48 Spatial Orientation
253	SPELLS	Num	4	1016	1.	BEST22.	f15q152 Hot or cold spells
264	STUFFY	Num	4	1060	1.	BEST22.	f15q163 Stuffy head or nose
4	SUPPAVLA	Num	4	12	1.	BEST22.	f15q5a Someone to listen
5	SUPPAVLB	Num	4	16	1.	BEST22.	f15q5b Someone who shows love
6	SUPPAVLC	Num	4	20	1.	BEST22.	f15q5c Someone to give information
7	SUPPAVLD	Num	4	24	1.	BEST22.	f15q5d Someone to give good advice
8	SUPPAVLE	Num	4	28	1.	BEST22.	f15q5e Someone whose advice you want
9	SUPPAVLF	Num	4	32	1.	BEST22.	f15q5f Someone to help with chores
10	SUPPAVLG	Num	4	36	1.	BEST22.	f15q5g Someone to share worries
11	SUPPAVLH	Num	4	40	1.	BEST22.	f15q5h Someone to have fun with
12	SUPPNEED	Num	8	44	1.	BEST22.	f15q6 How easy to ask for support
117	SWCOVER	Num	4	468	1.	BEST22.	f15q39e Get a steering wheel cover
279	SWELL	Num	4	1120	1.	BEST22.	f15q178 Swelling in hands, feet, arms, legs
55	SWFOOD	Num	4	220	1.	BEST22.	f15q24f2 Swallowing cold/frozen food
58	SWIM	Num	4	232	1.	BEST22.	f15q24h1 Swimming in cool water
57	SWLIQ	Num	4	228	1.	BEST22.	f15q24g2 Swallowing cold liquids
277	TEETH	Num	4	1112	1.	BEST22.	f15q176 Tooth/gum problems
93	TENSE4WK	Num	4	372	1.	BEST22.	f15q37d Felt tense
109	THERMUND	Num	4	436	1.	BEST22.	f15q38e Used thermal underwear
103	TIRED4WK	Num	4	412	1.	BEST22.	f15q37n Felt tired
255	TREMBLE	Num	4	1024	1.	BEST22.	f15q154 Hands trembling
65	USECOMP	Num	4	260	1.	BEST22.	f15q24k Using typewriter/computer
68	USEMACH	Num	4	272	1.	BEST22.	f15q24n Using machinery
66	USEPEN	Num	4	264	1.	BEST22.	f15q24l Using pen/pencil
67	USETOOLS	Num	4	268	1.	BEST22.	f15q24m Using tools
48	UTENSIL	Num	4	192	1.	BEST22.	f15q24d1 Using utensils
34	VIGACT	Num	4	136	1.	BEST22.	f15q23a Vigorous activities
265	VISION	Num	4	1064	1.	BEST22.	f15q164 Blurred vision
254	VOMIT	Num	4	1020	1.	BEST22.	f15q153 Vomiting
42	WALK1BLK	Num	4	168	1.	BEST22.	f15q23i Walking one block
40	WALK1MI	Num	4	160	1.	BEST22.	f15q23g Walking more than 1 mile
41	WALKSEV	Num	4	164	1.	BEST22.	f15q23h Walking several blocks
120	WARMLIQ	Num	4	480	1.	BEST22.	f15q39h Drink warm liquid
118	WARMMAT	Num	4	472	1.	BEST22.	f15q39f Put hands under warm water

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Informat	Label
52	WASHCLTH	Num	4	208	1.	BEST22.	f15q24e1 Using washer or dryer
50	WASHVEG	Num	4	200	1.	BEST22.	f15q24d3 Washing vegetables in cold water
15	WDRWN	Num	4	60	1.	BEST22.	f15q8 Others have withdrawn
16	WDRWN_NO	Num	4	64	2.	BEST22.	f15q8a How many have withdrawn
261	WEAK	Num	4	1048	1.	BEST22.	f15q160 Weakness
241	WEIGHT	Num	4	968	1.	BEST22.	f15q140 Weight change
273	WHEEZE	Num	4	1096	1.	BEST22.	f15q172 Wheezing
124	WHIRL	Num	4	496	1.	BEST22.	f15q39l Whirl arms around
99	WORN4WK	Num	4	396	1.	BEST22.	f15q37j Felt worn out
101	WORN4WK	Num	4	404	1.	BEST22.	f15q37l Felt worried
19	WORSE	Num	4	76	1.	BEST22.	f15q10 Others make things worse
20	WORSE_NO	Num	4	80	2.	BEST22.	f15q10a How many make things worse
275	YSTINF	Num	4	1104	1.	BEST22.	f15q174 Yeast infection
62	ZIPPER	Num	4	248	1.	BEST22.	f15q24j1 Fastening zippers/buttons

The MEANS Procedure

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
MARSTAT	f15q3 Current marital status	433	2.0254042	0.5666678	1.0000000	3.0000000
CLOSE	f15q4 No. of close friends/relatives	433	7.3810624	3.0739816	1.0000000	12.0000000
SUPPAVLA	f15q5a Someone to listen	433	4.3140878	0.7059340	2.0000000	5.0000000
SUPPAVLB	f15q5b Someone who shows love	433	4.3210162	0.8226802	1.0000000	5.0000000
SUPPAVLC	f15q5c Someone to give information	433	4.0115473	0.8121506	1.0000000	5.0000000
SUPPAVLD	f15q5d Someone to give good advice	433	4.0323326	0.8299199	1.0000000	5.0000000
SUPPAVLE	f15q5e Someone whose advice you want	432	4.0208333	0.8326467	1.0000000	5.0000000
SUPPAVLF	f15q5f Someone to help with chores	433	3.2101617	1.2782686	1.0000000	5.0000000
SUPPAVLG	f15q5g Someone to share worries	432	3.9120370	1.0270782	1.0000000	5.0000000
SUPPAVLH	f15q5h Someone to have fun with	433	4.0785219	0.8240177	1.0000000	5.0000000
SUPPNEED	f15q6 How easy to ask for support	433	2.0623557	0.8461738	1.0000000	4.0000000
CRIT	f15q7 Others criticize	433	1.4572748	0.4987475	1.0000000	2.0000000
CRIT_NO	f15q7a How many criticize	234	2.3760684	3.3526020	1.0000000	39.0000000
WDRWN	f15q8 Others have withdrawn	433	1.7482679	0.4345102	1.0000000	2.0000000
WDRWN_NO	f15q8a How many have withdrawn	107	1.6728972	1.2113901	1.0000000	9.0000000
HELP	f15q9 Less help than expected	433	1.7020785	0.4578738	1.0000000	2.0000000
HELP_NO	f15q9a How many give less help	126	1.9523810	3.4545208	1.0000000	39.0000000
WORSE	f15q10 Others make things worse	433	1.5866051	0.4930121	1.0000000	2.0000000
WORSE_NO	f15q10a How many make things worse	176	1.7045455	1.9576026	1.0000000	25.0000000
PROB	f15q11 Others make problems	433	1.8960739	0.3055176	1.0000000	2.0000000
PROB_NO	f15q11a How many make problems	44	1.1363636	0.4086796	1.0000000	3.0000000
ORGREL	f15q12 Belong to organized religion	433	1.4133949	0.4930121	1.0000000	2.0000000
RELIG	f15q13 Attendance at religious services	433	2.5981524	1.2802619	1.0000000	5.0000000
RATEEM	f15q14 Rate mental/emotional health	433	1.9676674	0.8734077	1.0000000	5.0000000
SATISEM	f15q15 Satisfied with mental health	433	1.6512702	0.9383074	1.0000000	5.0000000
CMPMENT	f15q16 Compare mental health to before	433	2.7852194	0.5990452	1.0000000	5.0000000
RATEPHY	f15q17 Rate physical health	433	2.0762125	0.8639983	1.0000000	4.0000000
SATISPHY	f15q18 Satisfied with physical health	433	1.8775982	0.9866149	1.0000000	5.0000000
CMPPHYS	f15q19 Compare physical health to before	433	2.8637413	0.5463700	1.0000000	4.0000000
OVHLTH	f15q20 Overall health	433	1.9584296	0.7923999	1.0000000	4.0000000
SATHLTH	f15q21 Satisfied with overall health	433	1.7459584	0.8872234	1.0000000	5.0000000
CMPHLTH	f15q22 Compare overall health to before	433	2.8406467	0.5400716	1.0000000	4.0000000
VIGACT	f15q23a Vigorous activities	433	3.1778291	0.6584690	1.0000000	4.0000000
MODACT	f15q23b Moderate activities	433	2.9168591	0.3368115	1.0000000	4.0000000
GROCERY	f15q23c Carrying/lifting groceries	433	2.8937644	0.3636020	1.0000000	4.0000000
CLMBSEV	f15q23d Climbing sev. flights of stairs	433	3.0046189	0.3726493	1.0000000	4.0000000
CLMBONE	f15q23e Climb one flight of stairs	433	2.9769053	0.2535354	1.0000000	4.0000000
LIMBEND	f15q23f Bending, kneeling, stooping	433	2.9214781	0.3309997	1.0000000	4.0000000

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
WALK1M	f15q23g Walking more than 1 mile	432	3.1	0.6	1.0	4.0
WALKSEV	f15q23h Walking several blocks	433	2.9	0.4	1.0	4.0
WALK1BLK	f15q23i Walking one block	433	3.0	0.2	1.0	4.0
LIMBATH	f15q23j Bathing and dressing	433	2.9	0.3	1.0	3.0
OUTDOORS	f15q24a Outdoors in cold weather	433	2.4	0.7	1.0	4.0
GRIP	f15q24b1 Gripping steering wheel	433	2.5	0.6	1.0	4.0
SHIFT	f15q24b2 Shifting car	429	3.2	0.7	1.0	4.0
SHOP	f15q24c Shopping for frozen food	433	2.5	0.8	1.0	4.0
UTENSIL	f15q24d1 Using utensils	433	2.9	0.4	1.0	4.0
APPL	f15q24d2 Using kitchen appliances	432	3.0	0.3	1.0	4.0
WASHVEG	f15q24d3 Washing vegetables in cold water	432	2.5	0.8	1.0	4.0
FREEZER	f15q24d4 Removing food from freezer	432	2.4	0.7	1.0	4.0
WASHCLTH	f15q24e1 Using washer or dryer	433	3.0	0.4	1.0	4.0
HANGCLTH	f15q24e2 Folding or hanging clothes	432	3.0	0.4	1.0	4.0
HLDFOOD	f15q24f1 Holding cold/frozen food	433	2.4	0.7	1.0	4.0
SWFOOD	f15q24f2 Swallowing cold/frozen food	433	2.9	0.4	1.0	4.0
HLDGLASS	f15q24g1 Holding a cold glass	433	2.4	0.7	1.0	4.0
SWLIQ	f15q24g2 Swallowing cold liquids	433	2.9	0.4	1.0	4.0
SWIM	f15q24h1 Swimming in cool water	433	3.5	0.8	1.0	4.0
OUTACT	f15q24h2 Outdoor act. in cold weather	433	2.5	1.0	1.0	4.0
EQUIP	f15q24h3 Handling sports equipment	431	3.0	0.8	1.0	4.0
BATHE	f15q24i Bathing	432	2.9	0.3	1.0	3.0
ZIPPER	f15q24j1 Fastening zippers/buttons	433	2.8	0.4	1.0	3.0
SHOELACE	f15q24j2 Tying shoelaces	433	2.8	0.4	1.0	4.0
GLOVES	f15q24j3 Putting on gloves	433	2.9	0.3	1.0	4.0
USECOMP	f15q24k Using typewriter/computer	432	3.0	0.6	1.0	4.0
USEPEN	f15q24l Using pen/pencil	433	2.8	0.5	1.0	4.0
USETOOLS	f15q24m Using tools	433	3.1	0.6	1.0	4.0
USEMACH	f15q24n Using machinery	433	3.0	0.5	1.0	4.0
SOCACT	f15q24o Social activities	433	2.9	0.4	1.0	4.0
SEXACT	f15q24p Sexual activity	433	3.0	0.4	1.0	4.0
AIRCOND	f15q24q Air-conditioned rooms	433	2.7	0.7	1.0	4.0
DEALSTR	f15q24r Dealing with stress	433	2.8	0.4	1.0	4.0
RAYPROBA	f15q25a Cut down time at work	433	1.9	0.3	1.0	2.0
RAYPROBB	f15q25b Accomplished less	433	1.9	0.3	1.0	2.0
RAYPROBC	f15q25c Limited in kind of work	433	1.8	0.4	1.0	2.0
RAYPROBD	f15q25d Difficultly performing work	433	1.8	0.4	1.0	2.0
EMPROBA	f15q26a Cut down time at work	433	1.9	0.4	1.0	2.0

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
EMPROBB	f15q26b Accomplished less	433	1.8	0.4	1.0	2.0
EMPROBC	f15q26c Not as careful as usual	433	1.9	0.3	1.0	2.0
INTRFER1	f15q27 Health interfered	433	1.4	0.7	1.0	4.0
INTRFER2	f15q28 Emotional problems interfered	433	1.3	0.7	1.0	5.0
INTRFER3	f15q29 Physical health interfered	433	4.5	0.9	1.0	5.0
INTRFER4	f15q30 Emotional problems interfered	433	4.6	0.9	1.0	5.0
RAYNPAIN	f15q31 Pain from Raynauds	433	2.3	0.9	1.0	4.0
OTHRPAIN	f15q32 Other pain	433	2.4	0.9	1.0	4.0
INTRAYPN	f15q33 Intensity of pain from Raynauds	432	2.0	0.8	1.0	4.0
INTOTHPN	f15q34 Intensity of other pain	432	2.2	0.9	1.0	4.0
INTRAYWK	f15q35 Raynauds pain interfered	432	1.4	0.7	1.0	5.0
INTOTHWK	f15q36 Other pain interfered	432	1.6	0.9	1.0	5.0
PEP4WK	f15q37a Felt full of pep	432	3.0	1.1	1.0	6.0
NERV4WK	f15q37b Been nervous	432	5.1	1.0	1.0	6.0
DUMP4WK	f15q37c Down in the dumps	432	5.6	0.8	1.0	6.0
TENSE4WK	f15q37d Felt tense	431	4.8	1.0	1.0	6.0
ANGRY4WK	f15q37e Felt angry	432	5.0	0.8	1.0	6.0
CALM4WK	f15q37f Felt calm and peaceful	432	3.0	1.1	1.0	6.0
ENRGY4WK	f15q37g Had a lot of energy	432	3.0	1.2	1.0	6.0
RES4WK	f15q37h Felt resentful	432	5.5	0.8	1.0	6.0
BLUE4WK	f15q37i Felt down-hearted and blue	431	5.3	0.9	1.0	6.0
WORN4WK	f15q37j Felt worn out	432	4.6	1.1	1.0	6.0
IRR4WK	f15q37k Felt irritable	432	4.9	0.8	1.0	6.0
WORR4WK	f15q37l Felt worried	429	4.9	1.0	1.0	6.0
HAPPY4WK	f15q37m Been a happy person	432	2.5	1.0	1.0	6.0
TIRED4WK	f15q37n Felt tired	432	4.3	1.1	1.0	6.0
BITT4WK	f15q37o Felt bitter	432	5.7	0.7	2.0	6.0
ELGLOVE	f15q38a Used electric gloves	432	2.0	0.1	1.0	2.0
ELSOCK	f15q38b Used electric socks	432	2.0	0.0	1.0	2.0
INSGLOVE	f15q38c Used insulated gloves	432	1.5	0.5	1.0	2.0
INSSOCK	f15q38d Used insulated socks	430	1.8	0.4	1.0	2.0
THERMUND	f15q38e Used thermal underwear	432	1.7	0.5	1.0	2.0
EXSWEAT	f15q38f Used extra sweaters	431	1.4	0.5	1.0	2.0
HANDWARM	f15q38g Used chemical hand warmers	432	1.9	0.3	1.0	2.0
CLTHOTHR	f15q38h Used other means	412	1.8	0.4	1.0	2.0
HEATUP	f15q39a Turn up the heat	432	1.4	0.5	1.0	2.0
HEATER	f15q39b Use a space heater	432	1.8	0.4	1.0	2.0
HEATPAD	f15q39c Use a heating pad	432	1.9	0.3	1.0	2.0

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
MVWKSP	f15q39d Move work space	432	1.7	0.5	1.0	2.0
SWCOVER	f15q39e Get a steering wheel cover	432	1.9	0.3	1.0	2.0
WARMWAT	f15q39f Put hands under warm water	432	1.4	0.5	1.0	2.0
HEATVENT	f15q39g Put hands over heating vent	432	1.4	0.5	1.0	2.0
WARMLIQ	f15q39h Drink warm liquid	432	1.5	0.5	1.0	2.0
ALCOHOL	f15q39i Drink alcohol	431	2.0	0.2	1.0	2.0
RUBHAND	f15q39j Rub hands together	432	1.2	0.4	1.0	2.0
ARMPITS	f15q39k Put hands in armpits	431	1.5	0.5	1.0	2.0
WHIRL	f15q39l Whirl arms around	432	1.8	0.4	1.0	2.0
PRVOTHR1	f15q39m Other action	416	1.8	0.4	1.0	2.0
PRVOTHR2	f15q39n Other action	414	1.9	0.2	1.0	2.0
OFTENA	f15q40a Feel rested from sleep	432	3.5	0.7	1.0	4.0
OFTENB	f15q40b Difficultly falling asleep	432	2.1	0.9	1.0	4.0
OFTENC	f15q40c Awaken earlier than usual	432	2.4	0.9	1.0	4.0
OFTEND	f15q40d Difficultly staying awake	432	2.0	0.8	1.0	4.0
SATISSEX	f15q41 Current sexual relations	427	3.3	1.6	1.0	5.0
FREQSEX	f15q42 Satisfied with frequency of sex	426	2.9	1.1	1.0	4.0
CMPCOND	f15q43 Rate Raynauds at present time	431	2.8	1.0	1.0	5.0
CMPCSTAT	f15q44 Compare Raynauds to before	433	2.4	0.8	1.0	5.0
CMPCFREQ	f15q45 Compare freq of attacks to before	433	3.7	0.9	1.0	5.0
SOCFACT2	f15q46 Social Activities	433	1.2	0.6	1.0	4.0
MEMORY	f15q47 Memory and Concentration	433	1.5	0.8	1.0	5.0
SPATIAL	f15q48 Spatial Orientation	432	1.1	0.4	1.0	4.0
MOODS	f15q49 Moods and emotions	433	1.3	0.7	1.0	5.0
SLEEP	f15q50 Sleep patterns	433	1.5	0.9	1.0	5.0
CMPCONVA	f15q51a Change in talking	433	1.1	0.3	1.0	3.0
CMPSOCA	f15q52a Change in social activities	433	1.1	0.4	1.0	3.0
CMPAWARA	f15q53a Change in awareness	432	1.3	0.6	1.0	3.0
CMPMEMA	f15q54a Change in memory/concentration	433	1.2	0.4	1.0	3.0
CMPCSPA	f15q55a Change in spatial orientation	433	1.0	0.2	1.0	2.0
CMPCMODA	f15q56a Change in moods/emotions	433	1.3	0.5	1.0	3.0
CMPCACTA	f15q57a Change in physical activity	433	1.3	0.5	1.0	3.0
CMPCSLPA	f15q58a Change in sleep patterns	433	1.2	0.4	1.0	3.0
CMPCONVB	f15q51b Change in talking	38	1.2	0.4	1.0	2.0
CMPCSOCB	f15q52b Change in social activities	60	1.2	0.4	1.0	2.0
CMPCAWARB	f15q53b Change in awareness	111	1.1	0.3	1.0	2.0
CMPCMEMB	f15q54b Change in memory/concentration	73	1.6	0.5	1.0	2.0
CMPCSPB	f15q55b Change in spatial orientation	12	1.4	0.5	1.0	2.0

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
CMPMD0DB	f15q56b Change in moods/emotions	97	1.4	0.5	1.0	2.0
CMPACTB	f15q57b Change in physical activity	103	1.3	0.5	1.0	2.0
CMPSLPB	f15q58b Change in sleep patterns	80	1.8	0.4	1.0	2.0
CMPBEH	f15q59 Change has been a problem	430	1.9	0.3	1.0	2.0
CMP_RMK	f15q59a Which change	35	1.0	0.0	1.0	1.0
REACT1	f15q60 Grow as a person	433	2.2	1.1	1.0	4.0
REACT2	f15q61 Turn to work	432	1.7	0.9	1.0	4.0
REACT3	f15q62 Get upset and let emotions out	433	1.2	0.5	1.0	4.0
REACT4	f15q63 Try to get advice	433	1.6	0.7	1.0	4.0
REACT5	f15q64 Try to do something about it	433	2.1	0.8	1.0	4.0
REACT6	f15q65 Say "This isn't happening"	433	1.1	0.3	1.0	3.0
REACT7	f15q66 Put trust in God	428	2.3	1.2	1.0	4.0
REACT8	f15q67 Laugh about condition	433	1.9	0.8	1.0	4.0
REACT9	f15q68 Stop trying to deal with it	433	1.1	0.4	1.0	4.0
REACT10	f15q69 Keep from acting too quickly	430	1.3	0.6	1.0	4.0
REACT11	f15q70 Discuss feelings with someone	433	2.0	0.6	1.0	4.0
REACT12	f15q71 Use alcohol and drugs	433	1.0	0.2	1.0	4.0
REACT13	f15q72 Get used to the idea	433	3.4	0.8	1.0	4.0
REACT14	f15q73 Talk to others to learn more	433	2.0	0.6	1.0	4.0
REACT15	f15q74 Keep from getting distracted	427	1.8	0.9	1.0	4.0
REACT16	f15q75 Daydream about other things	431	1.7	0.9	1.0	4.0
REACT17	f15q76 Get upset	432	1.4	0.6	1.0	4.0
REACT18	f15q77 Seek God's help	426	2.0	1.1	1.0	4.0
REACT19	f15q78 Make a plan of action	431	2.0	0.9	1.0	4.0
REACT20	f15q79 Make jokes about condition	433	1.8	0.8	1.0	4.0
REACT21	f15q80 Accept it	433	2.7	1.1	1.0	4.0
REACT22	f15q81 Hold off until situation permits	430	1.8	0.8	1.0	4.0
REACT23	f15q82 Try to get emotional support	432	1.8	0.8	1.0	4.0
REACT24	f15q83 Give up trying to cope	430	1.1	0.4	1.0	4.0
REACT25	f15q84 Action to minimize problems	433	2.5	0.9	1.0	4.0
REACT26	f15q85 Lose self in drugs/alcohol	433	1.0	0.2	1.0	2.0
REACT27	f15q86 Refuse to believe	432	1.0	0.2	1.0	3.0
REACT28	f15q87 Try to let out feelings	429	1.8	0.7	1.0	4.0
REACT29	f15q88 Try to make it more positive	430	2.1	0.9	1.0	4.0
REACT30	f15q89 Talk to one who can do something	431	1.8	0.7	1.0	4.0
REACT31	f15q90 Sleep more than usual	430	1.2	0.5	1.0	4.0
REACT32	f15q91 Try to come up with strategy	431	1.9	0.8	1.0	4.0
REACT33	f15q92 Focus on condition	432	1.3	0.6	1.0	4.0

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
REACT34	f15q93 Sympathy from someone	430	1.9	0.8	1.0	4.0
REACT35	f15q94 Drink or take drugs	431	1.0	0.1	1.0	2.0
REACT36	f15q95 Kid around	432	1.8	0.7	1.0	4.0
REACT37	f15q96 Give up attempt to overcome	430	1.2	0.5	1.0	4.0
REACT38	f15q97 Look for something good	430	1.9	0.9	1.0	4.0
REACT39	f15q98 Think about how to best handle	431	2.3	0.8	1.0	4.0
REACT40	f15q99 Pretend it hasn't happened	430	1.1	0.4	1.0	4.0
REACT41	f15q100 Don't act too soon	429	1.7	0.9	1.0	4.0
REACT42	f15q101 Prevent interference	431	1.9	0.9	1.0	4.0
REACT43	f15q102 Go to movies or watch TV	431	1.2	0.5	1.0	4.0
REACT44	f15q103 Accept the reality	432	3.5	0.9	1.0	4.0
REACT45	f15q104 Ask others what they did	432	1.9	0.8	1.0	4.0
REACT46	f15q105 Feel and express distress	433	1.2	0.5	1.0	3.0
REACT47	f15q106 Take direct action	431	2.4	0.9	1.0	4.0
REACT48	f15q107 Find comfort in religion	428	1.8	1.0	1.0	4.0
REACT49	f15q108 Wait until the right time	431	1.5	0.6	1.0	4.0
REACT50	f15q109 Make fun of condition	432	1.8	0.8	1.0	4.0
REACT51	f15q110 Reduce time	429	1.9	0.9	1.0	4.0
REACT52	f15q111 Talk to someone about feelings	433	1.9	0.7	1.0	4.0
REACT53	f15q112 Use alcohol or drugs	433	1.0	0.2	1.0	4.0
REACT54	f15q113 Learn to live with	432	3.5	0.8	1.0	4.0
REACT55	f15q114 Put aside other things	432	1.3	0.5	1.0	3.0
REACT56	f15q115 Think hard about steps	433	1.8	0.8	1.0	4.0
REACT57	f15q116 Act as if it doesn't exist	433	1.7	1.0	1.0	4.0
REACT58	f15q117 Do it one step at a time	433	3.2	0.8	1.0	4.0
REACT59	f15q118 Try to learn something	431	2.6	1.0	1.0	4.0
REACT60	f15q119 Pray more than usual	428	1.4	0.7	1.0	4.0
FEEL1	f15q120 Upset at unexpected	433	2.5	0.8	1.0	5.0
FEEL2	f15q121 Unable to control life	433	2.2	1.0	1.0	5.0
FEEL3	f15q122 Felt nervous and stressed	433	2.7	1.0	1.0	5.0
FEEL4	f15q123 Successful with problems	433	4.4	0.7	1.0	5.0
FEEL5	f15q124 Coping with changes	433	4.2	0.8	1.0	5.0
FEEL6	f15q125 Felt confident to handle prob.	433	4.3	0.8	1.0	5.0
FEEL7	f15q126 Things going your way	432	3.8	0.9	1.0	5.0
FEEL8	f15q127 Could not cope with all things	433	2.2	0.9	1.0	5.0
FEEL9	f15q128 Able to control irritations	433	3.9	0.9	1.0	5.0
FEEL10	f15q129 Felt on top of things	433	4.0	0.9	1.0	5.0
FEEL11	f15q130 Anger at uncontrolled things	433	2.4	0.9	1.0	5.0

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
FEEL12	f15q131 Think about things to accomplish	433	3.8	0.9	1.0	5.0
FEEL13	f15q132 Control time	433	3.8	0.8	1.0	5.0
FEEL14	f15q133 Difficulties piling too high	433	1.9	0.9	1.0	5.0
LIFIDEAL	f15q134 Life close to ideal	433	3.6	1.0	1.0	5.0
LIFEXC	f15q135 Conditions of life are excellent	433	3.5	1.0	1.0	5.0
LIFSAT	f15q136 Satisfied with life	433	3.8	0.9	1.0	5.0
LIFIMP	f15q137 Got the important things	433	3.8	0.9	1.0	5.0
LIFCHNG	f15q138 Change almost everything	433	1.9	1.0	1.0	5.0
LOFA	f15q139a Ladder at present time	433	7.5	1.5	1.0	10.0
LOFB	f15q139b Ladder one year ago	433	7.2	1.6	1.0	10.0
LOFC	f15q139c Ladder one year from now	433	8.4	1.2	1.0	10.0
WEIGHT	f15q140 Weight change	432	1.5	0.9	1.0	4.0
BACKPAIN	f15q141 Back pain	433	1.9	0.9	1.0	4.0
CONST	f15q142 Constipation	433	1.4	0.7	1.0	4.0
DIZZY	f15q143 Dizziness	433	1.3	0.6	1.0	4.0
DIARRHEA	f15q144 Diarrhea	433	1.2	0.5	1.0	4.0
FAINT	f15q145 Faintness	433	1.2	0.4	1.0	4.0
FATIGUE	f15q146 Fatigue	432	2.1	0.9	1.0	4.0
HEAD	f15q147 Headache	433	1.9	0.9	1.0	4.0
MIGRANE	f15q148 Migraine headache	433	1.2	0.7	1.0	4.0
NAUSEA	f15q149 Nausea	433	1.2	0.5	1.0	3.0
INDIGEST	f15q150 Acid stomach or indigestion	433	1.5	0.8	1.0	4.0
CRAMPS	f15q151 Stomach pain (e.g. cramps)	433	1.4	0.6	1.0	4.0
SPELLS	f15q152 Hot or cold spells	433	1.6	0.9	1.0	4.0
VOMIT	f15q153 Vomiting	432	1.0	0.2	1.0	3.0
TREMBLE	f15q154 Hands trembling	431	1.2	0.5	1.0	4.0
FLUSHED	f15q155 Flushing	433	1.4	0.8	1.0	4.0
RACEHT	f15q156 Heart pounding or racing	433	1.3	0.5	1.0	4.0
APPETITE	f15q157 Poor appetite	433	1.2	0.5	1.0	4.0
BREATH	f15q158 Shortness of breath	433	1.2	0.4	1.0	4.0
NUMB	f15q159 Numbness or tingling	433	1.7	0.9	1.0	4.0
WEAK	f15q160 Weakness	433	1.3	0.6	1.0	4.0
CHSTPAIN	f15q161 Pains in heart or chest	433	1.1	0.4	1.0	4.0
LOWENER	f15q162 Feeling low in energy	433	2.0	0.9	1.0	4.0
STUFFY	f15q163 Stuffy head or nose	433	1.9	0.9	1.0	4.0
VISION	f15q164 Blurred vision	433	1.2	0.5	1.0	4.0
MUSCSORE	f15q165 Muscle tension or soreness	433	1.8	0.9	1.0	4.0
MUSCCRMP	f15q166 Muscle cramps	433	1.4	0.7	1.0	4.0

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
MENSTRAL	f15q167 Mentrual cramps	431	1.5	0.7	1.0	4.0
PALP	f15q168 Palpitations	433	1.2	0.5	1.0	4.0
BRUISES	f15q169 Bruises	433	1.4	0.7	1.0	4.0
NOSEBLD	f15q170 Nosebleed	433	1.1	0.4	1.0	4.0
LGHTHEAD	f15q171 Light headedness	433	1.3	0.6	1.0	4.0
WHEEZE	f15q172 Wheezing	433	1.1	0.4	1.0	3.0
COUGH	f15q173 Cough	433	1.4	0.7	1.0	4.0
YSTINF	f15q174 Yeast infection	433	1.1	0.5	1.0	4.0
BLDINF	f15q175 Bladder infection	432	1.1	0.3	1.0	3.0
TEETH	f15q176 Tooth/gum problems	433	1.2	0.6	1.0	4.0
EARACHE	f15q177 Earaches	433	1.1	0.4	1.0	4.0
SWELL	f15q178 Swelling in hands, feet, arms, legs	433	1.4	0.7	1.0	4.0
F15_DAYS	f15q2 Days from randomization	433	267.8	164.7	49.0	576.0
NEWID	Patient ID	433	155.5	90.7	2.0	312.0

FMYP

FMYP	Frequency	Percent	Cumulative Frequency	Cumulative Percent
QF01	233	53.8	233	53.8
QF02	200	46.2	433	100.0